

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091937302 FILING DATE 12/1/05

APPLICANT(S)

12/1/05 400 CLAIMS

AS FILED	AFTER		AFTER		AFTER
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1	
2					
3					
4				1	
5					
6		1		1	
7			1	1	
8		1		1	
9		1		1	
10		1	1	1	
11		1		1	
12		1		1	
13		1		1	
14					
15		1		1	
16		1			
17		1		1	
18		1		1	
19		1		1	
20		1	1	1	
21		1		1	
22		1		1	
23		1	1	1	
24		1		1	
25		1	1	1	
26					
27					
28					
29					
30					
31					
32					
33					
34					
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43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.		3	1	5	
TOTAL DEP.		18	1	75	
TOTAL CLAIMS		21			

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
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87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		1	1	1	
TOTAL DEP.		1	1	1	
TOTAL CLAIMS		21			